

ATLANTIC GARDENS OWNERS ASSOCIATION, INC.

The following information is necessary to contact you in the event of an emergency and to better serve you with meeting notices and correspondence. This information will only be used by the Board of Directors and the contracted Management Company. We appreciate your cooperation to help us update your file with the below requested information:

PLEASE PRINT CLEARLY:

Name _____ Phone # _____

Name _____ Phone # _____

Property Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Email _____

Email _____

Auto 1 Make _____ Year _____ Color _____ Tag # _____ State _____

Auto 2 Make _____ Year _____ Color _____ Tag # _____ State _____

Consent to E-mail correspondence? Yes _____ No _____

Emergency Contact Name _____ Phone # _____

SEASONAL RESIDENTS: (Please supply alternate contact information)

Address _____

Preferred Phone # _____ Months NOT at property _____

Unit Door Key Location for emergencies only (Leasing company will have a key) _____

Contact Name (Unit # if applicable): _____ Phone # _____

TENANT INFORMATION: (Copy of lease required per Association Docs)

Term of Lease From _____ To _____ Adults _____ Children _____

Name _____ Phone # _____

Name _____ Phone # _____

Email _____

Email _____

Emergency Contact Name _____ Phone # _____

Auto 1 Make _____ Year _____ Color _____ Tag # _____ State _____

Auto 2 Make _____ Year _____ Color _____ Tag # _____ State _____

Tenant(s) received and signed for a copy of the General Rules Yes (initial) _____

Please complete this form and mail, fax, or email to:

**Atlantic Gardens Association
c/o Showcase Property Management
101 S Courtenay Parkway Merritt Island, FL 32952
Fax: 321-868-1090**

If you have any questions, please call Jaki Bell,
Association Manager at 321-394-9160 or
via email at: jakibell8@gmail.com